

## PART B - FEE(S) TRANSMITTAL

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				09/	11/2006	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/474,032	09/474,032 12/28/1999 XIAOLIN LU				101448	1769	
TITLE OF INVENTION: N	ETWORK TRAFFIC REGU	LATION					
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	)	\$0	\$1400	09/14/2006	
EXAMINER		ART UNIT		ASS-SUBCLASS			
PATEL, AJIT		2616		370-235000	_		
"Fee Address" indicati PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND	an assignee is identified below 37 CFR 3.11. Completion of	PRINTED ON Town, no assignee of this form is NOT	registered attorney 2 registered patent a listed, no name will HE PATENT (print or data will appear on the a substitute for filing	ngle firm (having as a or agent) and the nam attorneys or agents. If be printed.  (type)  e patent. If an assign an assignment.  TY and STATE OR C	es of up to no name is 3  be is identified below, the d	ocument has been filed for	
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	ALL ENTITY status. See 37	CFR 1.27.	b. Applicant is no l	onger claiming SMAL	L ENTITY status. See 37 CI	FR 1.27(g)(2).	
The Director of the USPTO is NOTE: The Issue Fee and Pub interest as shown by the record	requested to apply the Issue blication Fee (if required) will ds of the United States Patent						
Authorized Signature	homas A. R			Date	10/2006		
Typed or printed name	homa A.	KesTAIN		Registration No		<del></del>	
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09/15/2006 ZJUHAR2		9474032			. Jan Villa Villa		
01 FC:1501 14	00.00 DA 3.00 DA						

3	Application Number	09/474,032						
TRANSMITTAL	Filing Date	12/28/1999						
FORM	First Named Inventor	Lu, Xiaolin						
to be used for all correspondence after initial filin	Group Art Unit	2616						
	Examiner Name	Patel, Ajit						
Total Number of Pages in this Submission 3	Attorney Docket Numbe	113314						
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Enclosures (check all that apply)								
Fee Transmittal Form  Co Fee Attached  Amendment / Response  After Final  Affidavits / Declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority  Document(s)  Co Dr	signment & Recordation ver Sheet awing(s) & Letter to Official aftsman erview Summary tition to the Commissioner tition to Convert a Provisiona plication wer of Attorney, Revocation ange of Correspondence dress minal Disclaimer quest for Refund	After Allowance Communication to Group Appeal Communications to Board of Appeals and Interferences Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Return Receipt Postcard CD, Number of CDs Additional enclosure(s) (please identify below)  Issue Fee Transmittal - Part B 2 copies						
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
NAME Robert T. Canavan		<b>Reg. #</b>   37592						
TELEPHONE 908-707-1568								
SIGNATURE DATE 09/11/2006								
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